

5. Any changes in energy level? Yes No
(More tired, more hyper, same as usual.)
If yes, please describe your concerns.

6. Any changes in appetite? Yes No
(Eating more, eating less, picky eating, no change.)
If yes, please describe your concerns.

Diet & Lifestyle

1. What does your pet eat?
Please list brand(s), formula(s), and whether dry, wet, raw, homemade, etc.

2. How much do they eat per day?

3. Does your pet get treats or human foods? Yes No
If yes, which ones and how often?

4. Are there other pets in the home? Yes No
If yes, please list species and age.

Medical History & Medications

1. Any medical conditions we should be aware of? Yes No

2. Any history of vaccine reactions?
If yes, please describe. Yes No

3. Is your pet currently taking any medications or supplements?
Please list name, dosage, and how often. Yes No

4. Is your pet on flea/tick or heartworm prevention?
Please specify the product and last date given. Yes No

5. Does your pet need any medication or preventative refills today?
If yes, which ones? Yes No

Behavior & Handling

1. How does your pet usually behave at the vet?
(Calm, nervous, fearful, reactive, needs gentle handling, etc.)

2. Are there any handling preferences or stressors we should know about?
(E.g., hates nail trims, prefers treats first, doesn't like feet touched.)

Today's Visit

1. What services would you like performed today for your pet?

(Wellness exam, vaccines, bloodwork, nail trim, lump check, etc.)

Canine Vaccines

- | | | |
|--|---------|--------|
| <input type="checkbox"/> Rabies | 1 year | 3 year |
| <input type="checkbox"/> DHPP ("Distemper") Initial/Booster | 1 year | 3 year |
| <input type="checkbox"/> Leptospirosis ("Lepto" - bacteria found in rat urine) | Initial | 1 year |
| <input type="checkbox"/> Bordetella ("Kennel Cough") | 1 year | |
| <input type="checkbox"/> Canine Influenza ("CIV") | Initial | 1 year |
| <input type="checkbox"/> Lyme | Initial | 1 year |

Feline Vaccines

- | | | |
|--|---------|--------|
| <input type="checkbox"/> Rabies | 1 year | 3 year |
| <input type="checkbox"/> FVRCP ("Distemper") Initial/Booster | 1 year | 3 year |
| <input type="checkbox"/> FeLV (Feline Leukemia) | Initial | 1 year |

Canine Titers

- | | | |
|---|------------|--------|
| <input type="checkbox"/> Rabies Titer | Non-Export | Export |
| <input type="checkbox"/> "Distemper" Titer (Canine Distemper Virus, Canine Adenovirus, Canine Parvovirus) | | |

Feline Titers

- | | | |
|---|------------|--------|
| <input type="checkbox"/> Rabies Titer | Non-Export | Export |
| <input type="checkbox"/> "Distemper" Titer (Feline panleukopenia virus, Feline herpesvirus, Feline calicivirus) | | |

Labwork

- Heartworm and Tick Borne Disease Testing
- Feline Leukemia and Feline AIDS Testing
- Fecal Testing (for intestinal parasites)
- Comprehensive Labwork (checking red and white blood cell counts, liver, kidney, electrolytes and thyroid values)

Grooming Services

- Anal Sac Expression
- Nail Trim or Dremel
- Routine Ear Cleaning

Microchip Implantation

Other Services Requested:

2. Is there anything else you'd like us to know about your pet?

Yes

No
